

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
101020 003

FILING DATE  
12-11-01

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
(1)	/					
2	/					
3	/					
4	/					
5	/					
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49						
50						
TOTAL IND.	2					
TOTAL DEP.	36	↓	↓	↓	↓	↓
TOTAL CLAIMS	38	SEARCHED	EXAMINED	SEARCHED	EXAMINED	SEARCHED

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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100								
TOTAL IND.								
TOTAL DEP.		↓	↓	↓	↓	↓	↓	↓
TOTAL CLAIMS		SEARCHED	EXAMINED	SEARCHED	EXAMINED	SEARCHED	SEARCHED	EXAMINED